

WA. 2. PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS State File No. 1410
STANDARD CERTIFICATE OF BIRTH Registered No. 41

1. PLACE OF BIRTH— <u>Gila</u> County <u>Gila</u> State <u>Arizona</u> Township _____ or Village _____ City <u>San Carlos</u> No. _____ St. _____ Ward _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Eusebio Bush</u> (If child is not yet named, make supplemental report, as directed)	
3. Sex of child <u>Male</u> To be answered ONLY in event of plural births.	4. Twin, triplet or other _____ 5. Number, in order of birth _____
6. Legitimate? <u>yes</u>	7. Date of birth <u>1 15 1923</u> (Month, day, year)
8. FATHER Full name <u>Eugene Bush</u>	
14. MOTHER Full maiden name <u>Peggy Maselle</u>	
9. Residence (Usual place of abode) If nonresident, give place and State <u>San Carlos Ariz</u>	
15. Residence (Usual place of abode) If nonresident, give place and State <u>San Carlos Arizona</u>	
10. Color or race <u>Indian</u>	16. Color or race <u>Indian</u>
11. Age at last birthday <u>33</u> (Years)	17. Age at last birthday <u>31</u> (Years)
12. Birthplace (city or place) (State or country) <u>San Carlos Arizona</u>	18. Birthplace (city or place) (State or country) <u>San Carlos Arizona</u>
13. Occupation <u>Labourer</u> Nature of Industry <u>Truck Driver</u>	19. Occupation <u>Housewife</u> Nature of Industry _____
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer M.D.
(Physician or Midwife) Agency Physician

Given name added from a supplemental report 528-115-743
(Month, day, year)

Address San Carlos, Ariz.
Filed Jan 20, 1923
Registrar.